

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
August 3, 2005

The Board for Licensing Health Care Facilities was called to order by Dr. James T. Galyon on August 3, 2005, commencing at 9:00 a.m.

Ms. Green called the roll to establish a quorum.

Dr. James T. Galyon, Chairman Pro Tem
Dr. Duane Budd
Ms. Charlotte Burns
Ms. Elizabeth Chadwell
Mr. Alex Gaddy
Mr. Robert Gordon
Mr. Luke Gregory
Dr. Douglas Leahy
Ms. Carissa Lynch
Ms. Annette Marlar
Dr. Joe T. Walker
Mr. Carlyle Walton
Mr. James Weatherington
Dr. Jon Winter

Members not present:

Dr. Larry Arnold, Chairman
Mr. Jim Hastings
Mr. Albert Jones
Ms. Nancy Peace
Dr. Ronald Staples

Present and representing the Office of General Counsel:

Mr. Richard Russell

Also present:

Ms. Cathy Green, Director, Board for Licensing
Ms. Katy Gammon, Director, Health Care Facilities
Ms. Wanda Hines, Board Administrator
Ms. Faye Vance, East TN Regional Administrator
Ms. Shirley Jones, West TN Regional Administrator
Ms. Tina Dunn, Middle TN Regional Administrator
Mr. Steve Baker, Acting Director of Engineering

A quorum was established by roll call vote.

Ms. Green introduced reappointed board member Robert Gordon replacing Dr. Roxane Spitzer as the Hospital Administrator representative.

APPROVAL OF MINUTES

The first order of business was approval of the May 4, 2005 minutes. Dr. Galyon requested a word to be removed on page 2. The correction was noted and will be changed.

A motion was made and seconded to approve the minutes with one correction change as noted.

Motion carried.

REPORTS TO THE BOARD

Department Report

Trauma Centers/Advisory Council

Joe Phillips, EMS Director reported to the board on the last four trauma center site visits that were conducted in May. The following facilities were visited: Wellmont-Bristol, Level II; Johnson City Medical Center, Level I; Athens Regional and Wood Memorial both Level III. From the reports, all four of the hospitals passed inspection and their administrators are requesting redesignation of their appropriate level. Mr. Phillips asked the board to vote on redesignating these four hospitals.

Motion was made by Mr. Walton, and seconded by Ms. Chadwell to:

ACCEPT THE RECOMMENDATION THAT WELLMONT-BRISTOL, JOHNSON CITY MEDICAL CENTER, ATHENS REGIONAL AND WOOD MEMORIAL BE REDESIGNATED AS TRAUMA SITES.

Motion carried by voice vote.

Trauma Registry Legislation

Mr. Phillips next item for discussion was the trauma registry legislation. Mr. Phillips stated in the last session of the legislature, a bill was passed to create a state trauma registry which EMS has been looking at for some time. What this does is to require designated trauma centers, which there are eleven (11) now and the four (4) comprehensive regional pediatric centers to contribute trauma patient data to the state trauma registry. This gives full protection to that data from discovery, which is something that is very important to these hospitals. EMS has on staff a state trauma registrar that the position was created last year. This position is vacant now, but EMS is moving to fill it as quickly as possible. We also want to do more comprehensive analysis of trauma patient care at all the hospitals in Tennessee. This will involve UB-92 discharge data and perhaps some other data in the future. Also, the EMS run report system that we're putting in

place this year will contribute to that and we will finally be able to analyze this system that this board created initially in 1988.

Trauma Care Advisory Council

Mr. Phillips gave an update on the Trauma Care Advisory Council. The Council had a retreat at the end of May at the state fire training academy in Bell Buckle. Both the trauma care and the pediatric emergency care committee together came up with a process for implementing the State Trauma System Plan that the board approved about a year ago. The Trauma Care Advisory Council will be meeting quarterly. The next meeting is next week at Montgomery Bell State Park.

Mr. Phillips requested the Board to identify a member to represent this board on the Trauma Care Advisory Council. Ms. Annette Marlar volunteered to serve on the Trauma Care Advisory Council.

Joint EMS/HCF COPEC Annual Report

Mr. Phillips stated that the Committee on Pediatric Emergency Care reports to this board as well as the EMS Board. It was formally created by legislation in 1998. It also requires an annual report to certain committees of the legislature. That report is submitted by June 3rd of each year. The report covers several items about what COPEC have done in the last year. COPEC has been reorganized to make it a more relevant official organization. We have new bylaws. We have not focused subcommittees on data, research, education, disaster planning standards and bylaws. Ms. Green and I support this group, as well as the Trauma Care Advisory Council and we do cross links between the two organizations, which are important. Besides the restructuring, we have obtained two grants. One is a grant from the hospital bioterrorism program to develop standards for disaster care for pediatric victims. The second grant is a national injury control which is a surveillance grant which is developed in partnership with the Department of Health.

Annual Unusual Event Report

Ms. Green stated that the annual unusual event report is a requirement set in statute from the Health Data Reporting Act of 2002. Ms. Green stated she wanted to point out a couple of things in the Executive Summary. We're seeing increased reporting. We had 3,805 reports in 2002; we had 4,908 in 2004, a 28 percent increase. We have identified and implemented changes to our electronic reporting system through work with a user group comprised of providers who actually enter the data into the system on a routine basis. Those changes were implemented in January. We have added information to the Department of Health's website, which provides our quarterly and annual reports as well as those best or safe practices that have been endorsed by the TIPS Committee.

We have also been participating for the last year in a grant that was offered by the Agency on Health Research and Quality with two hospitals in Tennessee, UT Medical Center and Centennial Medical Center. That grant expired in May of this year, and those two facilities are collecting some post data about changing the culture within the facility. We will be sharing this information once it's available.

The first annual Patient Safety Symposium was held last August. The second annual Patient Safety Conference is scheduled for September 15th. It will be at Belmont University. We will have national speakers, Dr. Lucian Leape from Harvard Medical School, and Dr. Gerald Hickson from Vanderbilt. Please mark your calendars it will be an excellent program.

Legislation

Ms. Green reviewed some of the legislation that is impacting our Department. We will be working on our rules and regulations to make sure that they are consistent with the legislation and will be bringing them back to the Board at the November meeting.

Overviews included Public Chapters 23, 56, 158, 176, 184, 206, 222, 231, 383, 397 and 404. Our fiscal year closed at the end of June. Our new fiscal year starts July 1st.

Update on Lasik Centers

Ms. Green expressed that this issue is an ongoing discussion with Health Services and Development Agency regarding lasik centers. They are required right now to obtain a Certificate of Need, however, this board has seen many of the ambulatory surgical treatment centers, which is what they're required to obtain a CON for, are then coming before this board and asking for numerous waivers, waivers from anesthesia, recovery room, those types of things, because many of the procedures are just laser and do not involve any type of anesthesia or open incisions. We are trying to establish a definition and how these would actually be licensed with the Department of Health. Health Services and Development Agency has taken it under advisement. They have also sent this information to the Attorney General to ask them to look at it as well. As soon as we hear something back from them, we will report back to this board.

TELP Conference

The Tennessee End-of-Life Partnership (TELP) is a partnership that the State is actively involved in. There are regional groups that are a nonprofit 501(c) (3). There are healthcare providers, attorneys, different representatives, social workers and people that are involved in the end-of-life care. Ms. Green announced that the Tennessee End-of-Life Partnership (TELP) will have a conference on Wednesday, November 2nd, at Baptist Hospital here in Nashville. It is to discuss the new advance directives that we're using in Tennessee. The keynote speaker is Dr. Schmidt who is from Oregon and use the POST form. Ms. Schmidt will be coming to share some of her expertise. We are also going to have a panel of providers from different facility types that will share their information, share some of their conversations that they have had in working with the new forms on the front lines. You are offered an invitation to share with your facilities, and to attend this conference.

Nurse Aide Report

The Nurse Aide Report and the Biannual Review Report compiled by Diversified is included on the board packet. If you have any questions about the Nurse Aide Report or the Biannual Review Report, Wanda King, Nurse Aide Coordinator was in the audience to answer any questions.

Quarterly Report Update

Ms. Janice Lyon, Administrator of Thornton Residential Home presented to the board members her quarterly report regarding progress made to correct deficiencies in the facility. Ms. Lyon reported that two residents have been moved to other facilities; they are updating the residents' log; replaced a part in the refrigerator that was broken and installed a backup fire smoke alarm system. Ms. Lyon expressed that another inspection was done and the State felt another resident needed to be transfer to a nursing home.

Ms. Tina Dunn, Supervisor from Middle Tennessee Regional Office gave her report regarding Thornton Residential Home inspection conducted May 26th. They conducted follow-up visits on July 25th and 28th. The facility was clean, odor free and well staffed; the appliances were working properly; the residents were eating and well groomed; and the food supply was appropriate. We did find and cited new deficiencies.

Several board members questioned Ms. Lyon as well as Ms. Dunn from the Middle Tennessee Regional Office concerning their reports and findings.

Motion was made by Mr. Walton, and seconded by Dr. Winter to:

ACCEPT THE REPORT RECEIVED BY MS. LYON, ADMINISTRATOR OF THORNTON RESIDENTIAL HOME AND CONTINUE TO RECEIVE THE NEXT REPORT AT THE NEXT BOARD MEETING.

Motion carried by voice vote.

DISCUSSION

Advance Directive and Post Form

Ms. Green stated that the board has had previous discussions around the Health Care Decision Act and adopted model forms at the prior meeting. An Attorney General's opinion was requested concerning the POST form and we have received the AG's opinion. Our legal counsel, Richard Russell interpreted the AG's opinion for the board. The final interpretation is that the Board does have the authority to enact these proposed forms and, more at issue, the full scope of the POST form as indicated in our model. The other issue that the opinion addressed is the language of the advance directive. The Attorney General strongly recommended that we be consistent with the statutory definition. The language is in the statute therefore, the language in the rule should be consistent.

Motion was made by Dr. Budd, and seconded by Ms. Chadwell to:

AMEND OUR LANGUAGE IN THE RULES UNDER DEFINITION OF TO BE CONSISTENT WITH THE STATE STATUTE AND INSERT "AN INDIVIDUAL INSTRUCTION OR A WRITTEN STATEMENT" ACCORDINGLY.

Motion carried by voice vote.

Next item to discuss is whether the POST form should be recommended or mandated. Since we implemented and put the form on the website many facilities are using it. Ms. Green stated that we have received several calls from people wanting to alter the form, which has created a huge problem across the healthcare settings. We have also received a lot of complaints from EMS staff because they used to have the yellow form in statute and they knew they could not accept any other form. The POST form being altered by many facilities made EMS not sure what to accept. This is the reason the POST form is back for discussion with the Board.

Joe Phillips, Director of the Emergency Medical Services addressed the Board regarding the original DNR statute which was created and passed by the State EMS Board in 1992. It was causing confusion regarding if a patient was DNR because there was not a consistent form; the paramedics and EMTs would encounter either a scribbled note on a prescription pad or somebody in the facility telling them which was not good enough. EMS DNR form was created and approved by the State EMS Board and amended three years later. Mr. Phillips expressed that the key point from an EMS standpoint is that the form be uniform statewide whether it will be a nursing homes, home health, hospices, or any other healthcare setting so if someone calls 9-1-1 a uniform form statewide would be presented to the paramedic and the paramedic understands exactly what it is. A paramedic has seconds to make a decision and a physician's order must be absolutely clear and the POST form does that as long as it is uniform statewide. Many may question why would you call 9-1-1 for a DNR patient? On the form there are comfort measures that may be provided. These patients may need hospitalization for appropriate comfort measures for the patient and not resuscitation and this also governs the transfer of these patients between healthcare facilities for routine medical care. Mr. Phillips stated the big reason the EMS Board got involved in this 13 years ago is the need for uniform physician's order or a form recognized by all providers. Mr. Phillip expressed he is recommending the POST form to be mandated throughout the state. We will go back and make sure that all of our EMS providers understand this is the mandated DNR form.

Chris Puri, Legal Counsel of the Tennessee Healthcare Association (THCA), expressed that THCA as well as some of the other provider organizations has certainly endorsed the use of the POST form as a form for universal adoption amongst facilities. Mr. Puri stated that Mr. Phillips had some valid points in having the POST form uniformity and aware of the situation with confusion in terms of EMS knowing which form to follow. He expressed there was one issue surrounding a situation where a physician may write a DNR order and there is some language in the statute that would allow a physician to make that order in the chart that wouldn't necessarily correspond to the form that's adopted by the Board for Licensing Health Care Facilities. Mr. Puri also wanted to clarify if the Board's action would proceed through rulemaking hearing. The health providers would certainly recommend that because the change of moving from a model to a required form is certainly a significant one that needs an additional round of input from providers. It would be useful for the Board in looking at this and adopting a form that is certainly a good form and that we are endorsing to get those additional comments from providers.

Mr. Russell, legal counsel of the Department stated that the form presented for rulemaking would constitute at least what we are considering right now. The language would indicate that the forms developed by the Department will be mandatory. Even though the forms themselves

won't be in the rules, they will undoubtedly be referred to as part of the dialogue with respect to any rulemaking change and clearly now the issuance of this Attorney General opinion to get our nomenclature on the same page.

Several questions were raised among the board members, Ms. Green, Mr. Russell and Mr. Puri regarding the POST form. Ms. Green explained that this board approved the advance directive rules to go for final filing, under the definition of universal DNR order, it says a physician order for scope of treatment or POST as promulgated by the Board for Licensing Health Care Facilities shall serve as "a" universal DNR according to these rules. We would then change that language, shall serve as "the" universal DNR and then would go back through rulemaking hearing.

Motion was made by Dr. Budd, and seconded by Mr. Gregory to:

MAKE THE POST FORM UNIFORM AND MANDATED AND REFERRED TO AS SUCH IN OUR RULES AND REGULATIONS.

Motion carried by voice vote.

Motion was made by Mr. Gordon, and seconded by Mr. Gregory to:

THE ADOPTION OF THE POST FORM AS A MANDATED UNIVERSAL FORM THROUGHOUT THE STATE INSTITUTIONS WILL BE REFERRED TO A RULEMAKING HEARING.

Motion carried by voice vote unanimously.

Adoption of 2003 Life Safety Codes

Mr. Steve Baker from the engineering department submitted a summary to the board regarding adopting the 2003 Life Safety Codes. All of our regulations state "the most current edition of life safety codes as adopted by the Board". We are seeking approval by the Board of 2003 Life Safety Codes.

Motion was made by Mr. Walton, and seconded by Mr. Gordon to:

TO ADOPT THE 2003 LIFE SAFETY CODES.

Motion carried by voice vote.

Erlanger Cancer Center

A letter was sent to this board from Erlanger Cancer Center. It was basically some complaints that occurred internally related to written order or prescriptions for radiation therapy. Dr. Arnold, Chairman of the Board responded back asking Erlanger Cancer Center for additional information in which they did and the Department will investigate as a complaint. Usually the complaint would be sent to the complaint hotline and not to the Board but since it was addressed to the Board we felt it was needed to make the board aware.

Proposed Meeting Dates for 2006

The next item for discussion is the proposed meeting dates for 2006. The dates are February 1st and 2nd; May 3rd and 4th; August 2nd and 3rd; and November 1st and 2nd.

Motion was made by Mr. Gaddy, and seconded by Mr. Gordon to:

ADOPT THE PROPOSED MEETING DATES FOR THE YEAR 2006.

Motion carried by voice vote.

Called Meeting for Contested Cases

Ms. Green advised the Board that the legal counsel is working on two contested cases for the Department. The counsel was not ready to present to the Board at this board meeting, but the Department and legal counsel feel that waiting until November may be too long of wait. We would like to schedule a special board meeting to hear two contested cases in the last week in September. Ms. Green suggested the 28th and 29th of September and asked how many board members could attend. Enough board members were available for a quorum so the dates were approved.

REGULATIONS

Board Approval for Final Filing **1200-8-1 Standards for Hospitals**

We are asking the Board for final filing on the standards for hospitals. This relates to the definition of “rural” for critical access hospitals. These rules were sent through rulemaking and there were no comments. This was recommended by the hospital association as well as the Department of Rural Health to define “rural” as any county outside the four metropolitan areas of Davidson, Hamilton, Shelby and Knox Counties.

Motion was made by Mr. Gaddy, and seconded by Ms. Burns to:

SEND THE STANDARDS FOR HOSPITALS RULES FOR FINAL FILING.

Motion carried by roll call vote.

WAIVER REQUESTS

Ms. Green gave a brief summary of each of the following waiver requests:

SPRINGFIELD HEIGHTS ACLF, SPRINGFIELD

This forty-two (42) bed facility is seeking a waiver of Rule 1200-8-25-.08(14) regulation regarding fire extinguishers. The fire extinguishers in this facility are 66” inches from the floor to top of extinguisher which is above the 60” inch requirement. They are seeking a waiver to allow the extinguishers to remain as is.

Mr. Steve Baker, Engineer from our Department gave an overview of the safety issues involved. Mr. Baker stated there are no specific reasons why the cabinets are regulated at 60 inches unless they are looking at ADA requirements for a side reach or approach. It is not specified in the ADA codes anywhere that it had to be mounted at a specific height. Mr. Baker stated the State has no position on this request for a waiver.

Mr. Lyndsey Gower, Administrator was present and also, answered questions from the board.

Motion was made by Dr. Walker, and seconded by Dr. Budd to:

A LIFE-TIME WAIVER BE GRANTED TO ALLOW EXCEPTION TO THE CURRENT LIFE SAFETY REGULATIONS AND ALLOW THE FIRE EXTINGUISHERS TO REMAIN ABOVE THE 60" INCH REQUIREMENT.

Motion carried by voice vote.

FRANKLIN ASSISTED LIVING, INC., FRANKLIN

This fifteen (15) bed facility is seeking a waiver to exclude the installation of door closures on the residents' rooms in this facility. This would be an exception to NFPA guidelines and State regulation.

Mr. Frank Crawford was present and representing Franklin Assisted Living. Mr. Crawford stated that a State surveyor explain to him what was required of the door closures on resident's doors leading to the hallways. After installation of the door closures, the facility had two injuries as the results of the door closures. Mr. Crawford expressed that three other residents is having a lot of difficulty both opening and safely passing through the doors with closures. We submitted a second request for a waiver that would allow us to remove the door closures.

Ms. Green made note that Franklin Assisted Living have recently changed their designation to a residential home for the aged and they are an eleven (11) bed facility. Mr. Baker, Engineer from the Department stated that the building codes states that closures are required on the resident's door in a corridor if the building is not sprinklered. The reason is to stop the spreading of smoke and keep the residents safe until someone can get them and get them out.

Motion was made by Dr. Walker, and seconded by Mr. Gregory to:

TO DENY THE WAIVER REQUEST TO REMOVE THE DOOR CLOSURES ON THE RESIDENTS' ROOMS.

Motion carried by voice vote.

MOUNTAINVIEW REHABILITATION AND NURSING CENTER, WINCHESTER

Robin Green, Senior Executive Director of Beverly Healthcare-Tennessee is requesting a waiver for Robert Seymour to serve as administrator of this one hundred twenty (120) bed licensed nursing home. Mr. Seymour has applied for his Tennessee Nursing Home Administrator's license and his status is pending.

Motion was made by Dr. Budd, and seconded by Dr. Walker to:

A NINETY (90) DAY WAIVER WAS GRANTED TO ALLOW THE FACILITY TO OPERATE WITHOUT A LICENSED NURSING HOME ADMINISTRATOR UNTIL AN ADMINISTRATOR CAN BE HIRED.

Motion carried by voice vote.

NHC HEALTHCARE, LEWISBURG

This one hundred and two (102) bed facility is seeking a waiver to allow relocation of patients within the facility during renovation of the HVAC system. The affected rooms will be unavailable for resident's use for up to five days.

Mr. Dan Elrod was present and representing NHC Healthcare. Mr. Elrod stated the facility needs to replace the HVAC system throughout the facility. It is going to be done on an eleven (11) phased basis. The original request asked for the use of this space until December 1st. The construction schedule has gotten a little bit delayed and they wanted to modify the requested date until January 1, 2006.

Motion was made by Dr. Walker, and seconded by Dr. Budd to:

A WAIVER WAS GRANTED THROUGH JANUARY 1, 2006 TO ALLOW THE FACILITY TO RELOCATE PATIENTS WITHIN THE FACILITY DURING RENOVATION OF THE HVAC SYSTEM.

Motion carried by voice vote.

BAPTIST MEMORIAL HOSPITAL, TIPTON

This one hundred (100) bed facility is seeking to accommodate the LDRP in a corridor conveniently adjacent to the nursery. The facility is seeking a waiver to allow deviation of square footage requirements of rooms to accommodate this location.

Mr. Dan Elrod was present and representing Baptist Memorial Hospital. Mr. Elrod explained that the medical staff and leadership of the hospital has decided to implement the LDRP concept, which, of course, is labor, delivery, recovery, postpartum being in one room at this facility. The eight out of ten rooms are slightly under the square footage requirements for LDRP rooms. Mr. Steve Baker, Engineer for the Department stated two hundred square feet is the minimum that they allow. The only reservation that the Department has is the mention of a portable vacuum for the vacuum station outlets.

Motion was made by Mr. Walton, and seconded by Dr. Budd to:

A PERMANENT WAIVER WAS GRANTED TO ALLOW DEVIATION OF SQUARE FOOTAGE REQUIREMENTS OF ROOMS TO ACCOMMODATE THE LDRP SERVICE.

Motion carried by voice vote.

THE TEAM CENTERS, INC., CHATTANOOGA

This facility is currently providing PSS services in the East Tennessee and West Tennessee regions. They are not providing any active PSS services in Middle Tennessee at this time due to changes which have occurred in the Middle Tennessee region. The facility is requesting a waiver to place their PSS license in the Middle Tennessee region on inactive status.

Mr. Peter Charm was present and representing The Team Centers, Inc. Mr. Charm explained that they are not providing any active professional support services in Middle Tennessee at this time due to changes that have occurred in the Middle Tennessee region. They are requesting a waiver to place their license in an inactive status until they are able to make a more informed decision on how they plan to proceed with Middle Tennessee.

Motion was made by Dr. Budd, and seconded by Ms. Chadwell to:

**ALLOW TEAM CENTERS, INC. TO PLACE THEIR MIDDLE-TENNESSEE
LICENSE IN AN INACTIVE STATUS FOR 12 MONTHS.**

Motion carried by voice vote.

HUNTSVILLE MANOR, HUNTSVILLE

Pamela Witcher, Director of Operations, Epic Group, LLC, is requesting a waiver for Ms. Debbie Powell to serve as Interim Administrator of this ninety-six (96) bed licensed nursing home. This position was vacant due to the unexpected resignation of their administrator. Ms. Powell is to serve as administrator while she completes her application for reciprocity in Tennessee.

Motion was made by Mr. Walton, and seconded by Mr. Gordon to:

**A NINETY (90) DAY WAIVER WAS GRANTED TO ALLOW THE FACILITY
TO OPERATE WITHOUT A LICENSED NURSING HOME ADMINISTRATOR
UNTIL AN ADMINISTRATOR CAN BE HIRED.**

Motion carried by voice vote.

TENNESSEE CHRISTIAN MEDICAL CENTER, PORTLAND

Tennessee Christian Medical Center-Portland was granted a waiver by this board on March 16, 1994 to become a satellite campus of TCMC-Madison in accordance with 1200-8-1-.01(59), allowing both facilities to operate under the same license. TCMC-Portland has submitted an application to become a Critical Access Hospital (CAH), therefore they are requesting board approval to separate their licensure from TCMC-Madison in order to become separately licensed and proceed with CAH status.

Motion was made by Ms. Burns, and seconded by Mr. Gaddy to:

GRANT A WAIVER TO ALLOW TENNESSEE CHRISTIAN MEDICAL CENTER-PORTLAND TO SEPARATE THEIR LICENSE FROM THE TENNESSEE CHRISTIAN MEDICAL CENTER-MADISON IN ORDER TO PURSUE THE CRITICAL ACCESS HOSPITAL (CAH) STATUS.

Motion carried by voice vote.

HENRY COUNTY MEDICAL CENTER, PARIS

This hospital was granted a board waiver allowing five years to sprinkler their facility. The waiver expired on May 2003. Although the facility has partially completed the project, they are requesting an extension until August 2008 to complete the project.

Mike Garner, Associate Administrator representing Henry County Medical Center was present. Mr. Garner stated the problem is getting the ducted returns in place with limited ceiling space and also adding 90,000 square foot addition to our hospital. The plant operations director was out and we did not identify that we had not completed the ducted until a new plant operations director was hired.

Ms. Green stated that Mr. Seay called the Department and conference with Cathy and Mr. Bill Harmon, Director of Engineering regarding the waiver expiration.

Motion was made by Mr. Gordon, and seconded by Ms. Burns to:

A THREE (3) YEAR WAIVER EXTENSION WAS GRANTED TO ALLOW THE FACILITY TO COMPLETE THE SPRINKLER AND HVAC INSTALLATION AT HENRY COUNTY MEDICAL CENTER BY AUGUST 2008.

Motion carried by voice vote.

MEMPHIS GASTROENTEROLOGY ASTC, MEMPHIS

This facility is requesting a board waiver allowing them to share services with the Medical Physician practice located on the same floor of the medical building. Shared services will include main entrance, reception area; staffs break area and medical records storage.

Motion was made by Mr. Gordon, and seconded by Ms. Chadwell to:

GRANT A WAIVER TO ALLOW MEMPHIS GASTROENTEROLOGY ASTC TO SHARE SERVICES WITH THE PRIVATE MEDICAL PRACTICE OFFICE LOCATED ON THE SAME FLOOR OF THE MEDICAL BUILDING. SHARED SERVICES WILL INCLUDE MAIN ENTRANCE, RECEPTION AREA, STAFF BREAK AREA, MEDICAL RECORDS STORAGE AND MULTIPURPOSE CONFERENCE ROOM.

Motion carried by voice vote.

With all business concluded, Dr. Galyon adjourned the meeting.

Respectfully submitted,

James T. Galyon, M.D.